



Amanda Ryan, D.O.;
Ravi Rao, M.D.;
Amie Tarantola, ARNP-BC;
Surya Rao, M.D. of Heart
Care Centers of Florida.

fostering healthy hearts

Heart Care Centers of Florida offers transradial catheterization, giving patients a more comfortable and safer alternative to treat cardiovascular disease

PREVENTION IS PARAMOUNT

Dr. Amanda Ryan says the early recognition of symptoms is key for women to avoid heart disease. She stresses the importance of cholesterol screenings and the identification of the subset of women with metabolic syndrome, as well as early detection of heart disease symptoms that are often atypical in females including profuse sweating, jaw pain and shortness of breath.



“MY BROTHER AND I moved here roughly five years ago from Chicago to start a comprehensive cardiac care center in the North Brevard community. Living in a big city, we missed that bond felt in smaller communities and wanted to bring it, along with state-of-the-art cardiovascular care, to the local community,” says Ravi Rao, M.D., FACC, FASCI, who leads the team at **Heart Care Centers of Florida** with his brother Surya Rao, M.D., FACC. Dr. Ravi Rao received his doctorate at Northwestern University and completed his post-doctoral cardiology training at Brown University

and his interventional cardiology training at Harvard Medical School; while Dr. Surya Rao earned his doctorate at Loyola University of Chicago and completed his post-doctoral cardiology training at Lutheran General Hospital in Illinois. The brothers designed their practice with a premium on patient education and providing individualized attention to those suffering from cardiovascular disease. The doctors of Heart Care Centers, who have privileges at all major hospitals in the area, perform coronary angioplasty, peripheral interventions (including carotid stenting and endovascular aneurysm repairs)

and device implantations, while also treating people at their Titusville office.

In June, Amanda Ryan, D.O., joined the Heart Care Centers’ team. She is a graduate of the University of Health Sciences (now KCUMB) in Kansas City with post-doctoral cardiology and interventional cardiology training at Largo Medical Center – Nova Southeastern in Florida. Dr. Ryan represents a new breed of female interventional cardiologists who focus on diagnosis and interventional treatment of systemic atherosclerosis, while also promoting prevention of cardiac disease in women.

“We provide a total cardiovascular package with providers who are compassionate and have cutting-edge skills with access to the latest technology, and I knew this was an amazing opportunity,” she says with regard to joining Heart Care Centers.

FIGHTING HEART DISEASE IN WOMEN

Heart disease is the No. 1 killer of women in the U.S., and statistically women have poorer outcomes than men when suffering a heart attack. While this is an unfavorable reality, top cardiology practices like Heart Care Centers are specializing in progressive treatments for women with heart disease.

“Women need to be educated and understand that their disease process varies from men’s, and this creates a need for a different approach to their cardiac care. For example, they are known to have smaller arteries, so there are more bleeding complications associated with heart

DEVICE THERAPY

Dr. Surya Rao is an invasive cardiologist who performs heart catheterizations and implantation of pacemakers and implantable cardiac defibrillators. Women are traditionally under-represented with regards to patients with a weak heart who qualify for “devices” and actually receive them. Women with cardiovascular disease are thought to be more susceptible to psychosocial distress due to factors including concerns about body image, shifts in role responsibilities and changes in physical functioning. This underlies the importance of patient-physician open communication to ensure women receive the most appropriate cardiovascular medical and device therapies.

catheterization,” explains Dr. Ravi Rao.

Luckily for women in the local community, Heart Care Centers has adopted a start-of-the-art technique known as transradial cardiac catheterization to help prevent complications. In fact, Heart Care Centers is the only cardiology group in Brevard County to routinely perform transradial procedures, offering a more comfortable and safer alternative to transfemoral cardiac catheterization, which has been the standard in recent decades.

Transradial catheterization is performed through the wrist. Post-procedurally, individuals wear a small wrist compression device and are free to sit up or ambulate, without the need to lie recumbent in bed.

In contrast, transfemoral catheterization involves insertion of a catheter into the major artery in the groin which is then threaded into the heart. For many patients who undergo transfemoral catheterization, the worst part of the procedure occurs after the angiogram itself is over and forceful pressure is applied (either manually or with a large clamp) on the puncture site to prevent bleeding. Subsequently, the patient must remain in bed, with their leg

straight, for several hours. Many complain of significant muscle cramps and backaches. Safety-wise, there is an ever-present risk of bleeding associated with this approach, especially as blood thinners used during procedure become more potent.

“Patients uniformly prefer the transradial approach, as it is much more comfortable and allows for greater mobility and freedom. Additionally, there is no intrusion into sensitive and private body areas, and patients consider it less invasive,” says Dr. Ravi Rao, adding that many patients can typically be discharged the same day even if they undergo stent placement.

“Most importantly, multiple large-scale studies have confirmed the greater safety of this technique, as compared with the transfemoral approach. There is essentially no risk of bleeding, and the potential for artery damage is likewise markedly minimized,” he says.

This enhanced safety is due to the very superficial position of the wrist, or radial, artery. Any bleeding issue is easily visible and can be readily controlled by firm external pressure. Additionally, nerve damage is minimized by this strategy, as the major nerve is located far from the radial artery.

The opposite is true for the transfemoral approach.

Dr. Ravi Rao estimates that 90 percent of Heart Care Centers’ catheterization patients are now being treated with the transradial approach, a technique that he learned 10 years ago, but due to equipment limitations didn’t gain momentum until two to three years ago. Heart Care Centers’ commitment to transradial heart catheterization was an important factor in Dr. Ryan’s decision to join the team.

The vast majority of patients undergoing cardiac catheterization will qualify for the transradial approach, however, it may not be applicable to some individuals with suboptimal circulation in the hand or those with history of bypass surgery. This technique is especially beneficial in larger patients (higher risk of bleeding from the groin), those with peripheral artery disease (leg artery blockages), those with back or spine problems (problems with prolonged recumbency), or those with restless leg syndrome. Nonetheless, all patients will enjoy the comfort and mobility of transradial coronary intervention. ■